

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Long Term Acute Care Hospital Quality Improvement Transfer Program Act is amended by changing Sections 10, 15, 20, and 50 as follows:

(210 ILCS 155/10)

Sec. 10. Definitions. As used in this Act:

(a) "CARE tool" means the Continuity and Record Evaluation (CARE) tool. It is a patient assessment instrument that has been developed to document the medical, cognitive, functional, and discharge status of persons receiving health care services in acute and post-acute care settings. The data collected is able to document provider-level quality of care (patient outcomes) and characterize the clinical complexity of patients. For the purposes of this Act, the CARE tool must be identical to the most current version required by the federal Centers for Medicare and Medicaid Services.

(b) "Department" means the Illinois Department of Healthcare and Family Services.

(c) "Discharge" means the release of a patient from hospital care for any discharge disposition other than a leave of absence, even if for Medicare payment purposes the discharge

fits the definition of an interrupted stay.

(d) "FTE" means "full-time equivalent" or a person or persons employed in one full-time position.

(e) "Hospital" means an institution, place, building, or agency located in this State that is licensed as a general acute hospital by the Illinois Department of Public Health under the Hospital Licensing Act, whether public or private and whether organized for profit or not-for-profit.

(f) "ICU" means intensive care unit.

(g) "LTAC hospital" means an Illinois hospital that is designated by Medicare as a long term acute care hospital as described in Section 1886(d)(1)(B)(iv)(I) of the Social Security Act and has an average length of Medicaid inpatient stay greater than 25 days as reported on the hospital's 2008 Medicaid cost report on file as of February 15, 2010, or a hospital that begins operations after January 1, 2009 and is designated by Medicare as a long term acute care hospital.

(h) "LTAC hospital criteria" means nationally recognized evidence-based evaluation criteria that have been publicly tested and includes criteria specific to an LTAC hospital for admission, continuing stay, and discharge. The criteria cannot include criteria derived or developed by or for a specific hospital or group of hospitals. Criteria and tools developed by hospitals or hospital associations or hospital-owned organizations are not acceptable and do not meet the requirements of this subsection.

(i) "Patient" means an individual who is admitted to a hospital for an inpatient stay.

(j) "Program" means the Long Term Acute Care Hospital Quality Improvement Transfer Program established by this Act.

(k) "STAC hospital" means a hospital that is not an LTAC hospital as defined in this Act or a psychiatric hospital or a rehabilitation hospital.

(Source: P.A. 96-1130, eff. 7-20-10; 97-662, eff. 1-13-12; 97-667, eff. 1-13-12.)

(210 ILCS 155/15)

Sec. 15. Qualifying Hospitals.

(a) Beginning October 1, 2010, the Department shall establish the Long Term Acute Care Hospital Quality Improvement Transfer Program. Any hospital may participate in the program if it meets the requirements of this Section as determined by the Department.

(b) To participate in the program a hospital must do the following:

(1) Operate as an LTAC hospital.

(2) Employ one-half of an FTE (designated for case management) for every 15 patients admitted to the hospital.

(3) Maintain on-site physician coverage 24 hours a day, 7 days a week.

(4) Maintain on-site respiratory therapy coverage 24 hours a day, 7 days a week.

(c) A hospital must also execute a program participation agreement with the Department. The agreement must include:

(1) An attestation that the hospital complies with the criteria in subsection (b) of this Section.

(2) A process for the hospital to report its continuing compliance with subsection (b) of this Section. The hospital must submit a compliance report at least annually.

(3) A requirement that the hospital complete and electronically submit to the Department ~~the CARE tool (the most currently available version or an equivalent tool designated and approved for use by the Department)~~ for each patient no later than 13 7 calendar days after discharge:—

(A) the CARE tool in the format required by the federal Centers for Medicare and Medicaid Services; and

(B) in an electronic format developed by the Department, (i) whether the patient was successfully weaned off invasive mechanical ventilation, (ii) whether the patient, if the patient was a ventilator patient, acquired pneumonia, and (iii) whether the patient fell and required an ancillary or surgical procedure (e.g., x-ray, MRI, sutures, or surgery).

(4) A requirement that the hospital use a patient satisfaction survey specifically designed for LTAC hospital settings. The hospital must submit survey results data to the Department at least annually.

(5) A requirement that the hospital accept all clinically approved patients for admission or transfer from a STAC hospital with the exception of STAC hospitals identified in paragraphs (1) and (2) under subsection (a) of Section 25 of this Act. The patient must be evaluated using LTAC hospital criteria approved by the Department for use in this program and meet the appropriate criteria.

(6) A requirement that the hospital report quality and outcome measurement data, as described in Section 20 of this Act, to the Department at least annually.

(7) A requirement that the hospital provide the Department full access to patient data and other data maintained by the hospital. Access must be in compliance with State and federal law.

(8) A requirement that the hospital use LTAC hospital criteria to evaluate patients that are admitted to the hospital to determine that the patient is in the most appropriate setting.

(Source: P.A. 96-1130, eff. 7-20-10.)

(210 ILCS 155/20)

Sec. 20. Quality and outcome measurement data.

(a) For proper evaluation and monitoring of the program, each LTAC hospital must provide quality and outcome measurement data ("measures") identical to Medicare as specified in Medicare's LTCH Quality Reporting Program Manual (version 2.0)

~~and any subsequent revisions subsections (c) through (h) of this Section to the Department for patients treated under this program. The Department may develop measures in addition to the minimum measures required under this Section.~~

(b) Two sets of measures must be calculated. The first set should only use data for medical assistance patients, and the second set should include all patients of the LTAC hospital regardless of payer.

(c) (Blank). ~~Average LTAC hospital length of stay for patients discharged during the reporting period.~~

(d) (Blank). ~~Adverse outcomes rates: Percent of patients who expired or whose condition worsens and requires treatment in a STAC hospital.~~

(e) (Blank). ~~Ventilator weaning rate: Percent of patients discharged during the reporting period who have been successfully weaned off invasive mechanical ventilation.~~

(f) (Blank). ~~Central Line Infection Rate per 1000 central line days: Number of patients discharged from an LTAC hospital during the reporting period that had a central line in place and developed a bloodstream infection 48 hours or more after admission to the LTAC hospital.~~

(g) (Blank). ~~Acquired pressure ulcers per 1000 patient days.~~

(h) (Blank). ~~Falls with injury per 1000 patient days: Number of falls among discharged LTAC hospital patients discharged during the reporting period, who fell during the~~

~~LTAC hospital stay, regardless of distance fallen, that required an ancillary or surgical procedure (i.e. x-ray, MRI, sutures, surgery, etc.)~~

(Source: P.A. 96-1130, eff. 7-20-10.)

(210 ILCS 155/50)

Sec. 50. Duties of the Department.

(a) The Department is responsible for implementing, monitoring, and evaluating the program. This includes but is not limited to:

(1) Collecting data required under Section 15 and data necessary to calculate the measures under Section 20 of this Act. The Department must make every effort to collect this data with the minimal amount of administrative burden to participating LTAC hospitals.

(2) Setting annual benchmarks or targets for the measures in Section 20 of this Act ~~or other measures beyond the minimum required under Section 20.~~ The Department must consult participating LTAC hospitals when setting these benchmarks and targets.

(3) Monitoring compliance with all requirements of this Act.

(b) The Department shall include specific information on the Program in its annual medical programs report.

(c) The Department must establish monitoring procedures that ensure the LTAC supplemental payment is only paid for

patients who upon admission meet the LTAC hospital criteria. The Department must notify qualified LTAC hospitals of the procedures and establish an appeals process as part of those procedures. The Department must recoup any LTAC supplemental payments that are identified as being paid for patients who do not meet the LTAC hospital criteria.

(d) The Department must implement the program by October 1, 2010.

(e) The Department must create and distribute to LTAC hospitals the agreement required under subsection (c) of Section 15 no later than September 1, 2010.

(f) The Department must notify Illinois hospitals which LTAC hospital criteria are approved for use under the program. The Department may limit LTAC hospital criteria to the most strict criteria that meet the definitions of this Act.

(g) (Blank). ~~The Department must identify discharge tools that are considered equivalent to the CARE tool and approved for use under the program. The Department must notify LTAC hospitals which tools are approved for use under the program.~~

(h) The Department must notify Illinois LTAC hospitals of the program and inform them how to apply for qualification and what the qualification requirements are as described under Section 15 of this Act.

(i) The Department must notify Illinois STAC hospitals about the operation and implementation of the program established by this Act. The Department must also notify LTAC

hospitals that accepting transfers from the STAC hospitals identified in paragraphs (1) and (2) under subsection (a) of Section 25 of this Act are not required under paragraph (5) of subsection (c) of Section 15 of this Act. The Department must notify LTAC hospitals that accepting transfers from the STAC hospitals identified in paragraphs (1) and (2) under subsection (a) of Section 25 of this Act shall negatively impact the savings calculations under the Program evaluation required by Section 40 of this Act and shall in turn require the Department to initiate the penalty described in subsection (d) of Section 40 of this Act.

(j) The Department shall deem LTAC hospitals qualified under Section 15 of this Act as qualifying for expedited payments.

(k) The Department may use up to \$500,000 of funds contained in the Public Aid Recoveries Trust Fund per State fiscal year to operate the program under this Act. The Department may expand existing contracts, issue new contracts, issue personal service contracts, or purchase other services, supplies, or equipment.

(l) The Department may promulgate rules as allowed by the Illinois Administrative Procedure Act to implement this Act; however, the requirements under this Act shall be implemented by the Department even if the Department's proposed rules are not yet adopted by the implementation date of October 1, 2010.

(Source: P.A. 96-1130, eff. 7-20-10.)

Public Act 098-0997

HB5488 Enrolled

LRB098 19022 RPS 55261 b

Section 99. Effective date. This Act takes effect upon becoming law.